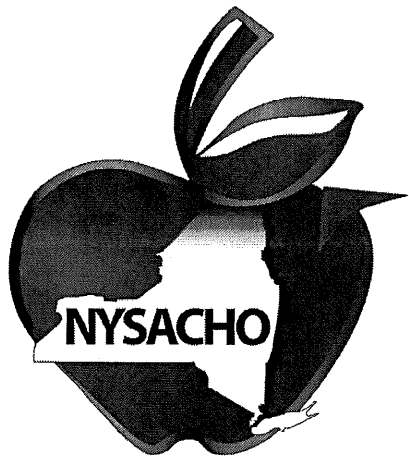


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County Health Officials of New York

Leading the way to healthier communities

February 2, 2015

Testimony of the

New York State Association of County Health Officials (NYSACHO)

to the Joint Legislative Committees

on Health and Finance/Ways and Means

Regarding the 2015 - 16 Executive Budget Proposal

NYSACHO's MISSION:

To support local health departments
in their work to prevent disease, disability and injury
and promote health and wellness
throughout New York State.

*NYSACHO is incorporated as a not-for-profit, non-partisan
charitable organization with 501(c)(3) tax exempt status.*

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Linda M. Wagner
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First, I wish to extend kind regards from our state's County and City Health Officials to Senator DeFrancisco, Assemblyman Farrell, Senator Hannon, Assemblyman Gottfried and distinguished committee members of both houses.

My name is Linda Wagner. I serve the County Health Officials of New York as the Executive Director of their statewide association, NYSACHO. Our current President, Mary Fran Wachunas, the Public Health Director in Rensselaer County, asked me to express her apologies that she was unable to attend this hearing.

Thank you for the opportunity to present this input to the 2015-16 Executive Budget Proposal on behalf of your constituents at all 58 local health departments in New York State, including those in 57 counties and in New York City.

This past year, we have witnessed in our state the clear evidence that disease may ignore state and international borders. When we first heard of Ebola, it was a distant threat to the people of three war-torn countries in West

Africa. But within just a few months, the World Health Organization declared the Ebola outbreak as an international public health emergency.

At that time, our county and city health officials in New York were already dealing with an entirely separate international public health issue. Central American children escaping from poverty, violence and chaos at home were turning up in residential facilities in Westchester County, NYC and other localities, placed there by federal authorities. These facilities called upon local health officials to contain a measles outbreak, to test children with bad coughs for tuberculosis, to provide supportive mental health services for trauma victims. Our local health officials found that these young refugees carried no record of childhood immunizations, sometimes no records at all.

The county and city budgets that support the core public health work of our local health departments did not anticipate these unaccompanied minors. The local budgets did not anticipate that Ebola would come to American shores. But when these public health emergencies showed up on our doorstep, our local health officials acted quickly to protect our residents and communities.

In Sierra Leone and Liberia, we've seen what it looks like when there is no public health infrastructure. It's not a pretty picture. Terminally ill disease victims

share dirt floors with dead bodies. No one is there to track down the family members and neighbors with whom they've had contact.

But in our state, local health officials in New York City and 24 other counties have been monitoring hundreds of people who have traveled to West Africa. They monitor to ensure that this deadly disease will not spread. Partnering with dozens of hospitals, our local health officials have spent weeks and months in trainings and exercises to ensure they are ready to protect us. They have prepared for Ebola and for other infectious diseases that may come to our state in the future by air, sea, or land.

Compared to most other parts of the world, we are fortunate. Generally, our federal and state governments recognize the need for stable and timely funding to support core public health services. They understand, generally, that laws and budgets for public health offer essential protection for all of our residents and communities.

We have Article 6 of the Public Health Law that currently provides a base grant to local health departments, and then State reimbursement to them for 36 percent of their costs for mandated core public health services.

But during the past two years, our county health officials have found that 36% of a declining set of allowable expenses is just not enough to do the job.

Why? First, the federal government held out the promise of a prevention and public health fund, but that fund has wallowed in Congressional gridlock and budget sequestration.

Second, the state has reduced its annual appropriations for Article 6 public health spending by more than 40 percent over the last several years. Despite base grant increases, the elimination of optional services from state aid has cut deeply into the infrastructure of local health departments.

At the same time, counties and municipalities have faced severe fiscal constraints with a property tax cap, suffering local economies, and unfunded state mandates.

On top of all this, our state's Executive branch implemented administrative actions that have reduced revenues for local health departments even further. The legislature cannot undo these administrative cuts. But there are actions the legislature can take, and I'll describe them in a few minutes.

As a combined result of these fiscal pressures, claims for Article 6 public health spending have declined. The Executive branch may point to the lower claims as a reason to lower them even further. But remember - counties cannot make state aid claims for that 36% until they spend 100% of the costs of providing services. Counties have simply not had the money to provide what the local health departments are mandated to provide. They certainly cannot provide all the public health services that they know their communities need.

So please be clear – the decline in state aid claims does not mean that there is less need for a strong public health infrastructure in New York. In fact, it's just the opposite.

The legacy of state aid reductions and restrictions and administrative cuts has had a cascading impact on the ability of local health departments to do their jobs. Staff and budget reductions have compromised the capacity of local governments to ensure the provision of the core services necessary to protect the public's health.

The National Association of City and County Health Officials publishes profiles of local health departments nationwide. New York is not unique in the erosion of its public health workforce. Their 2013 profile of New York reports that

74% of our state's local health departments lost staff through lay-offs and attrition; 24% reported reduced staff time in the form of reduced work hours or furloughs, 57% reported cuts to at least one program, and 26% reported cuts to three or more programs. The attrition numbers are especially troubling. Public health continues to lose years of experience and institutional knowledge, with no one to replace those losses.

Despite these workforce reductions, federal and state government repeatedly asks local health departments to help them meet a myriad of public health challenges:

- End the HIV/AIDS epidemic;
- Prevent and control the spread of communicable diseases such as Ebola, measles, pertussis;
- Respond to the heroin epidemic that affects so many young New Yorkers;
- Ensure the safety of the food we eat, the water we drink and the air we breathe;
- Ensure the safety of New Yorkers in camps, beaches and other recreational venues;

- Prevent major causes of death from chronic disease such as heart disease, diabetes, asthma and cancer;
- Monitor and control insect-borne diseases such as Lyme Disease, West Nile Virus, Triple E (EEE);
- Monitor an influx of unaccompanied minors into the state;
- Monitor and respond to public health consequences of severe weather events;
 - Prepare for climate change;
- Help to implement major health-care system changes such as the Affordable Care Act, Medicaid Redesign, electronic medical records, and regional health system planning;
- Start billing for services that local health departments once provided without charge;
- Meet the goals of the state's Prevention Agenda by assessing community health and planning for health improvement.

County and City Health Officials see themselves as key partners of the New York State Department of Health in joint efforts to improve population health.

We work with the state health department every day to achieve important outcomes established as statewide goals in the New York State Prevention Agenda. To do this, health officials must conduct community health assessments and develop plans for improving health in their communities, in collaboration with local hospitals.

It takes time, energy, and people to assess the health of communities. County health officials must identify and analyze zip code level data on asthma, low birth weight, and dozens – even hundreds - of other health indicators. They must convene community partners from hospitals and other non-governmental organizations. They must gather input from all of these partners, then analyze and present it. They must forge agreements with community partners on health priorities.

And then, our local health officials must find evidence-based programs to help them meet the community needs they identify. Finally, they must implement these programs and report on progress toward our goals.

All of this requires highly educated and trained human resources. Those resources cost money.

To compensate for significant state funding cuts in recent years, NYSACHO urges the state legislature to take several actions related to the 2015-16 Executive budget proposal:

- First: provide LHDs with an increase of 2 percent, from 36 percent to 38 percent, in the Article 6 State Aid for General Public Health Work reimbursement rate. This is something that the legislature can do. We estimate the dollar value of this increase in 2015-16 to be \$ 10.4 million – a tiny drop in the state’s budget bucket that would be well invested. How can you and the Executive branch fund this? We have several suggestions as options. You could reject the expansion of the wine tasting sales and use tax exemption to other alcoholic beverages. Dozens of local health departments have identified substance abuse prevention as a priority in their community assessments. We don’t need to encourage more alcohol consumption in our state. Or, in the current year, take a small slice of the \$400 million in grants that are going to essential health providers and give \$10 million of that to local health departments in state aid. Or, shave just \$10 million off the \$150 million going to Resiliency, Mitigation, Security and Emergency Response. Local health departments are an essential part of emergency response.

- Second: Do not allow the Executive Branch to hide a 15% cut in public health programs by claiming they are efficiently “streamlining” them. County health officials may be pleased that several unique local health department programs were pulled out of this year’s proposed consolidation. However, we are very wary of program cuts that will harm vulnerable populations in our communities.

- We have heard a lot about the funding for the Affordable Care Act and our New York State of Health Exchange. We’ve heard even more about funds for Medicaid redesign, electronic medical records, and other new developments. But we have not heard much about investment in the local public health infrastructure that can help these other investments work in our communities. There are many health education services that local health departments can provide that contribute to keeping people out of the hospital. Asthma education, maternal/child home visits, education about – and screening for - chronic disease prevention. This is where the true hope resides for controlling our costs – in primary prevention. This is what local health departments do every day. It makes no sense to continue to cut this bedrock of population health.

There are several other initiatives that are outside the budget process that would help our County and City Health Officials to do their jobs and overcome the challenges of the legacy of budget cuts. We ask the legislature to work with the County and City Health Officials on several initiatives this session:

- First, pass Assembly Bill 63, sponsored by the Honorable Assemblywoman Amy Paulin. This bill would grant a special Municipal Article 28 status to local health departments. If passed, it would lift away unnecessarily onerous regulations from local health departments that provide only basic public health services. A municipal Article 28 licensee would not deliver the more complex clinical services that a hospital delivers and that needs more complex regulation.
- Second, allow local health departments to set licensing and penalty fees locally under the environmental health laws. Costs vary dramatically from county to county and establishing statewide fees does not enable localities to cover costs. Work with NYSACHO to find a way to do this fairly and comprehensively.

- Pass legislation to require the State Education Department to take over fiscal responsibility for pre-school programs for Special Needs children within a time frame that is manageable;
- Direct the Regional Health Information Organizations (RHIOs) that have not yet extended access to local health departments to make this a priority and provide funding for that purpose. RHIOs in the western region and southern tier have been in the forefront of providing county health officials with secure and confidential access to electronic patient data that streamlines their ability to track communicable disease cases. This capacity should be available throughout the state.
- Once and for all, the state health department should fix the New York Early Intervention System so that it can deliver accurate financial and programmatic reports.

Once again, thank you for the opportunity to present our needs, concerns and ideas to your legislative committees.

We look forward to continuing our work with both the legislative and executive branches to serve the essential public health needs of the people of New York State.